

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1951

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY AUDRAIN b. CITY OR TOWN MEXICO c. LENGTH OF STAY (in this place) 3 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 502 E MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN c. CITY OR TOWN MEXICO d. STREET ADDRESS (If rural, give location) 502 E MONROE			
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) LELAND c. (Last) WRIGHT		4. DATE OF DEATH (Month) (Day) (Year) JAN-21-1951		5. SEX MALE		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 20 1886		9. AGE (in years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WM. WRIGHT		13b. MOTHER'S MAIDEN NAME OLLIE SMITH	
14. NAME OF HUSBAND OR WIFE OPHA WRIGHT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Miss C. L. Wright	
18. ADDRESS Missouri Mo		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION 1-23-51	
22. DATE OF OPERATION 1-23-51		23. MAJOR FINDINGS OF OPERATION		24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR TOWNSHIP MEXICO, MO		27. (COUNTY)		28. (STATE)		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Jan 21, 1951 , to Jan 21, 1951 , that I last saw the deceased alive on Jan 21, 1951 , and that death occurred at 4:55 p.m. , from the causes and on the date stated above.		31. SIGNATURE K. L. Swan		32. ADDRESS 602 Mexico, Mo		33. DATE SIGNED 1-23-51	
34. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		35. DATE 1-23-51		36. NAME OF CEMETERY OR CREMATORY EAST LAWN MEMORIAL		37. LOCATION (City, town, or county) (State) MEXICO MO	
38. DATE REC'D BY LOCAL REG. Jan 23-1951		39. REGISTRAR'S SIGNATURE Blanche Neely		40. FUNERAL DIRECTOR'S SIGNATURE Chas. H. H. H.		41. ADDRESS Missouri Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: 1-30-67
DISTRICT HEALTH OFFICE #2
District File Number 2-51-333
Date Filed: FEB 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Charles V. Sheering

Licensed Embalmer No. 4625

P. O. Address *Mexico Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.